

COVER ME INSURANCE  
 610-618 W ST GEORGES  
 LINDEN, NJ 07036  
 1-908-587-2619

**Policy number: 03468631-5**

Underwritten by:  
 PROGRESSIVE CASUALTY INSURANCE CO  
 January 23, 2020  
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# Certificate of Insurance

**Certificate Holder**

TRANSIT GROUP LLC  
 11159 RIDGE ROAD  
 MEDINA, NY 14103

**Insured**

TRANSIT GROUP LLC  
 11159 RIDGE ROAD  
 MEDINA, NY 14103

**Agent/Surplus Lines Broker**

COVER ME INSURANCE  
 610-618 W ST GEORGES  
 LINDEN, NJ 07036

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jan 21, 2020

Policy Expiration Date: Jan 21, 2021

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTOR VEHICLE	\$25,000/\$50,000 INCL MANDATORY UMBI
PERSONAL INJURY PROTECTION	\$50,000 W/O WORKERS COMP
MOTOR TRUCKING CARGO	\$100,000 W/\$1,000 DED
REFRIGERATION BREAKDOWN	\$100,000 W/\$2,500 DED
TRAILER INTERCHANGE	\$30,000 W/\$1,000 DED

**Description of Location/Vehicles/Special Items**

**Scheduled autos only**

2003 PTRB 379 1XP5DB9X43N591199			
MEDICAL PAYMENTS	\$2000		
2008 GREAT DANE TRAILER 1GRAP06278T541877			
		Stated Amount	\$13,000
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
2009 PTRB 387 1XP7D49X79D784515			

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**Certificate number**

02320NET631

A handwritten signature in black ink, appearing to be 'F. P. M.' with a stylized flourish at the end.

Form 5241 (10/02)